PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09713275

CLAIMS AS FILED - PART I						O\		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
[To	TAL OLABAO"	95	(Column 1)		(Column 2)			ITPE L	<u></u>	OR	SMALL	THIN
TOTAL CLAIMS 23								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		· 7			X\$ 9=	27	OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		6			X40=		OR	X80=	
MU	TIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		, OR	+270= :	
: If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2				TOTAL			TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR.	SMALL	
		CLAIMS		HIGH			l		ADDI-	7 2 c		ADDI-
ENTA		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
Ş.	Total		Minus	**		=		X\$.9=	1	OR	X\$18=	
	Independent		Minus	. ***	1	= .		X40=		OR	X80= -	سوليق. ما جيد
文理	FIRST PRESE	NTATION OF M				ž						
										OR	+270=	
			TOTAL		OB.	TOTAL						
ADDIT FEEOR ADDIT FEE												
(Column 1) (Column 2) (Column 3)												
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		ARTER			OUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENTIB		AMENDMENT		PAID	FOR	× ×	11	~ <u>4</u> 4	FEE			FEE
	T tái		Minus	••		=		X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		=		X40=		OR	X80=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
· · · · · · · · · · · · · · · · · · ·												
		CLAIMS			HEST	(Column 3)	4 .					
ပ		REMAINING			ABER	PRESENT	1 [ADDI-		Ì	ADDI-
ż		AFTER			IOUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL
뿡		- AMENDMENT		PAIL	FOR		4 1		FEE	ì		FEE
AMENDMENT C	Total	* 2	Minus	**		=	41	X\$ 9=	•	OR	X\$18=	
ME	Independent	*	Minus	***		=]]	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									. UH		
	129		+135=		OR	+270=						
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. **-If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE												
		mber Previously F nber Previously Pa					*		propriate bo	x in co		